

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

3694

04675

1. PLACE OF DEATH- COUNTY <b>Garrett</b> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <b>Maryland</b> COUNTY <b>Garrett</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>Mt. Lake Park</b>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>Mt. Lake Park</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Kiser Rest Home</b>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) <b>Mary</b> (Middle) <b>Hilda</b> (Last) <b>Gormley BURCH</b>		4. DATE OF DEATH (Month) <b>Apr.</b> (Day) <b>21</b> (Year) <b>1955</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>WIDOW</b>	8. DATE OF BIRTH <b>Apr. 23, 1885</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <b>69</b> yrs. If under 1 year Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) <b>Pittsburg, Pa.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13. FATHER'S NAME <b>Joseph Gormley</b>		14. MOTHER'S MAIDEN NAME <b>Matilda (Unknown)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If year, give war or dates of service)		16. SOCIAL SECURITY NO. <b>214-16-2404 B</b>	
17. INFORMANT AND ADDRESS <b>Mr. Henry G. Gregory</b>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH <b>2 Mo.</b>
(a) Immediate cause <b>Heart Disease</b>		
(b) Antecedent cause(s) <b>Aterio: Sclerosis</b>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) <b>SUICIDE</b>	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Dec. 1**, 19**54**, to **Apr. 21**, 19**55**, that I last saw the deceased alive on **Apr. 21**, 19**55**, and that death occurred at **10:00 A.m.**, from the causes and on the date stated above.

SIGNATURE **J. W. Zwengel M.D.** (Degree or title) ADDRESS **Oakland, Md.** DATE SIGNED **Apr. 21, 1955**

23. BURIAL CREMATION REMOVAL <b>Burial</b>	DATE <b>Apr. 23, 1955</b>	NAME OF CEMETERY OR CREMATORY <b>Kight Cemetery</b>	LOCATION (City, town, or county) <b>Leadmine, W. Va.</b> (State)
DATE REC'D BY LOCAL REG. <b>4/22/55</b>	REGISTRAR'S SIGNATURE <b>Julia A. Rowan</b>	24. FUNERAL DIRECTOR <b>J. A. Duncan</b>	ADDRESS <b>Thomas, W. Va.</b>

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 20 1955

BUREAU V. S.

3695

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

04677

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Garrett</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Garrett</u>
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>X</u> TOWN <u>Oakland,</u>	LENGTH OF STAY (in this place) <u>2 Months</u>	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Mt. Lake Park,</u> <u>X</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Evans Nursing Home</u>		STREET ADDRESS (If rural give location) <u>-----</u>	

3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First) <u>Wilson</u>	(Middle) <u>Lee</u>	(Month) <u>April</u> (Day) <u>24,</u> (Year) <u>1955</u>	
(Type or Print)			
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH: <u>8/10/1870</u>
			9. AGE last birthday: <u>84</u> yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: <u>Lawyer</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Real Estate</u>	11. BIRTHPLACE (State or foreign country): <u>Pennsylvania</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME: <u>John Allen Camden</u>	
14. MOTHER'S MAIDEN NAME: <u>Mary Hollifield</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>no</u> (If Yes, give war or dates of service)	
16. SOCIAL SECURITY No.: <u>----</u>		17. INFORMANT & ADDRESS: <u>Mrs. Wm. L. Evans Oakland, Md.</u>	

18. MEDICAL CERTIFICATION		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
<u>334X</u> Immediate cause (a) <u>Cerebral Arteriosclerosis</u>		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) <u>DUE TO</u>		
(c)		

11. OTHER SIGNIFICANT CONDITIONS		20. AUTOPSY ? Yes <input type="checkbox"/> No <input type="checkbox"/>
Conditions contributing to the death but not related to the disease or condition causing death. <u>Thyroid Hyper trophy</u>		
19a. DATE OF OPERATION: <u>0</u>	19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	HOW DID INJURY OCCUR ?

22. I hereby certify that I attended the deceased from <u>Feb 19, 1955</u> , to <u>Apr. 24, 1955</u> , that I last saw the deceased alive on <u>Apr 20, 1955</u> , and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.	
SIGNATURE (Degree or title) <u>E. J. Baumgartner M.D.</u>	DATE SIGNED <u>4/26/55</u>
23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF
<u>Burial</u>	<u>4/27/1955</u>
NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>Greenmont Cemetery</u>	<u>Baltimore, Maryland.</u>
DATE RECD. BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
<u>4/26/55</u>	<u>Herbert C. Leighton</u> <u>Oakland, Md.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

hold. until we can get family history  
no more relatives

RECEIVED

MAY 20 1955

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  
3696 CERTIFICATE OF DEATH

03683

Reg. Dist. No. 162

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Carroll</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Carroll</u>
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Rural Accident, Md.</u>	LENGTH OF STAY (in this place) <u>88 years</u>	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Rural of Accident, Md.</u>	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00</u>		STREET ADDRESS (If rural give location) <u>1</u>	
3. NAME OF DECEASED: (First) <u>ANANIAS</u> (Middle) <u>-</u> (Last) <u>Glass</u>		4. DATE OF DEATH: (Month) <u>April</u> (Day) <u>6</u> (Year) <u>1955</u>	
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): <u>Widowed</u>	8. DATE OF BIRTH: <u>October 9, 1866</u>
9. AGE last birthday: <u>88</u> yrs.		10. IF UNDER 1 YEAR: <u>5</u> Months <u>27</u> Days <u>27</u> Hours <u>27</u> Min.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Farming</u>	
11. BIRTHPLACE (State or foreign country): <u>Accident, Maryland</u>		12. CITIZEN OF WHAT COUNTRY: <u>U.S.A.</u>	
13. FATHER'S NAME: <u>Joseph Glass</u>		14. MOTHER'S MAIDEN NAME: <u>Mary Speicher</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <u>No</u> (If Yes, give war or dates of service) <u>-</u>		16. SOCIAL SECURITY NO.: <u>None</u>	
17. INFORMANT'S ADDRESS: <u>Henry Ray Glass, Accident, Md.</u>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death	
422.1 Immediate cause (a) <u>Chronic Myocarditis</u> DUE TO		8 years	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) <u>-</u> DUE TO			
(c) <u>-</u>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION: <u>-</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify) <u>DOMICIDE</u>		PLACE (Home, farm, factory, street, office bldg., etc.) <u>INJURY</u>	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>m.</u>		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 1, 1952</u> , to <u>April 6, 1955</u> , that I last saw the deceased alive on <u>April 6, 1955</u> , and that death occurred at <u>9:10 PM</u> , from the causes and on the date stated above.			
SIGNATURE <u>Milton Tepper, M.D.</u>		ADDRESS <u>Friendsville, Md.</u>	
DATE SIGNED <u>April 7, 1955</u>			
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>4-9-1955</u>	
NAME OF CEMETERY OR CREMATORY <u>Accident</u>		LOCATION (City, town, or county) (State) <u>Accident Md</u>	
DATE RECD BY LOCAL REGISTRAR <u>April 8/55</u>		REGISTRAR'S SIGNATURE <u>Eduard Broadwater</u>	
24. FUNERAL DIRECTOR <u>Wm. Waterberg, Grantsville, Md.</u>		ADDRESS <u>-</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

APR 11 1955

RECEIVED

U.S. DEPARTMENT OF JUSTICE



3697

## CERTIFICATE OF DEATH

Reg. Dist. No.

166

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Garrett</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Garrett</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
<u>X</u> TOWN <u>Rural</u> <u>Kempton</u>		<u>25 yrs.</u>		TOWN <u>Rural</u> <u>Kempton</u>		<u>X</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>-----</u>				STREET ADDRESS <u>Post Office</u> (If give location)			
				<u>R. D. 1 Gormaniana, W. Va.</u>			
3. NAME OF DECEASED:				4. DATE OF DEATH:			
(First) <u>Joel</u>		(Middle) <u>William</u>		(Last) <u>Gregory</u>		(Month) (Day) (Year)	
(Type or Print)						<u>April 13, 1955</u>	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR IF UNDER 24 HRS.		
<u>Male</u>	<u>White</u>	<u>Married</u>	<u>4/15/1877</u>	<u>77</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life (even if retired).				10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):	
<u>Retired Coal Miner Bituminous Coal Mines Wisconsin</u>						<u>U.S.A.</u>	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<u>William Gregory</u>				<u>Mary Beardmore</u>			
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:			
<u>no</u>		<u>232-09-3291</u>		<u>R. D. 1 Mrs. Verna F. Gregory, Gormaniana, W. Va.</u>			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
<u>4341</u>							
Immediate cause (a) <u>Congestive heart failure</u>							
Antecedent causes (s) (b) <u>DUE TO</u>							
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c) <u>DUE TO</u>							
11. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death. <u>Peptic Ulcer + Senile</u>							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
<u>SUICIDE</u>		<u>INJURY</u>					
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 12, 1955</u> , to <u>April 11, 1955</u> , that I last saw the deceased alive on <u>April 11, 1955</u> , and that death occurred at <u>3:15 A.M.</u> , from the causes and on the date stated above.							
SIGNATURE <u>Thomas Lushy MD</u>				ADDRESS <u>Oakland, Md.</u> DATE SIGNED <u>4/14/55</u>			
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>4/15/1955</u>		<u>Gregory Home Cemetery</u>		<u>Garrett Co., Md.</u>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>4/15/55</u>		<u>Julius Rozman</u>		<u>Herbert C. Leighton</u>		<u>Oakland, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

APR 28 1955

RECEIVED



3698

## CERTIFICATE OF DEATH

Reg. Dist. No. 0468866

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Garrett		MARYLAND		STATE West Virginia		COUNTY Preston	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN Oakland,		3 Mo.		TOWN Rural Newburg		85X-3	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS			
96 Evans Nubsing Home				R. D. #1			
3. NAME OF DECEASED:			4. DATE OF DEATH:				
(First) (Middle) (Last)			(Month) (Day) (Year)				
Type or Print) Jessie E. Helms			April 22, 1955				
5. SEX:		6. COLOR OR RACE:		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):		8. DATE OF BIRTH:	
Female		White		Married		July 18, 1895	
9. AGE last birthday:		10. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
59 yrs.		Own Home		West Virginia		U.S.A.	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
William Bolyard				Viola Grimes			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:			
4 no		-----		Charles Helms R 1 Newburg, W. Va.			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
355X Immediate cause (a) Huntington Chorea							
Antecedent causes (s) (b) DUE TO							
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c) DUE TO							
11. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
		INJURY					
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
		m.					
22. I hereby certify that I attended the deceased from Feb 21, 1955, to Apr 22, 1955, that I last saw the deceased alive on Mar 12, 1955, and that death occurred at 12:30 A.M., from the causes and on the date stated above.							
SIGNATURE				DATE SIGNED			
27. Huntington				4/23/55			
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		4/24/1955		Woodsdale Memorial Cem.		Grafton, W. Va.	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
4/22/55		Julia S. Gowers		Herbert C. Leighton		Oakland, Md.	

Burial by A. C. Sinclair, Newburg, WVa

MARGIN RESERVED FOR BINDING

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RECEIVED

MAY 20 1955

BUREAU V. 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  
3699 CERTIFICATE OF DEATH

Reg. Dist. No. 03687  
166

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Garrett</u>		MARYLAND		STATE <u>West Va.</u>		COUNTY <u>Monongalia</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Oakland</u>		LENGTH OF STAY (in this place) <u>4</u> days		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Morgantown</u>			
HOSPITAL OR INSTITUTION OR <u>Evans Nursing Home</u>				STREET ADDRESS <u>30 West Front Street</u>			
3. NAME OF DECEASED: (First) (Middle) (Last) <u>Kathryn</u> <u>Knox</u> <u>Keener</u>				4. DATE OF DEATH: (Month) (Day) (Year) <u>April 5, 1955</u>			
5. SEX: <u>Female</u>		6. COLOR OR RACE: <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>widowed</u>		8. DATE OF BIRTH: <u>March 15 1865</u>	
9. AGE last birthday: <u>90</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country): <u>Gibbons Glade, Pa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13. FATHER'S NAME: <u>Jesse Knox</u>				14. MOTHER'S MAIDEN NAME: <u>Mary Thomas</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY No.: <u>None</u>		17. INFORMANT & ADDRESS: <u>Mrs. Frank Guthrie, Terra Alta, W.Va.</u>			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:						INTERVAL BETWEEN ONSET AND DEATH	
422.1 Immediate cause (a) <u>Arterio sclerosis cardio vascularis</u>						4 yrs	
Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last							
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION:		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 22, 1955</u> , to <u>April 5, 1955</u> , that I last saw the deceased alive on <u>April 5, 1955</u> , and that death occurred at <u>1:40 P. M.</u> , from the causes and on the date stated above.							
SIGNATURE <u>m. Dorcas Clark Harley</u>		(DEGREE OR TITLE) <u>M. D.</u>		ADDRESS <u>Terra Alta, W.Va.</u>		DATE SIGNED <u>April 5, 1955</u>	
23. BURIAL, CREMATION REMOVAL (Specify): <u>Burial</u>		DATE THEREOF <u>April 7, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Mount Union Cemetery</u>		LOCATION (City, town, or county) (State) <u>near Morgantown, W.Va.</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <u>Doris Brown</u>		24. FUNERAL DIRECTOR <u>Stallan</u>		ADDRESS <u>Terra Alta, W. Va.</u>	

### 3-A INVENTION

APR 2 1977

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04686  
3770 CERTIFICATE OF DEATH 166

Reg. Dist. No.....

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>GARRETT</u>		MD.		STATE <u>MD</u>		COUNTY <u>GARRETT</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN			
X <u>OAKLAND MD</u>				TOWN <u>OAKLAND MD</u> X			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (if rural, give location)			
13. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE OF DEATH: (Month) (Day) (Year)			
<u>MINNIE MAY A MILLER</u>				<u>APRIL-22 1955</u>			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
<u>FEMALE</u>	<u>WHITE</u>	<u>MARRIED</u>	<u>OCT.-25-1878</u>	<u>76</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):				10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):	
<u>HOUSEWIFE</u>						<u>NEW GERMANY GARRETT Co. U.S.</u>	
12. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<u>WILLIAM BROADWATER</u>				<u>ESTER JENKINS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:	
						<u>CURTIS MILLER, SWANTON, MD.</u>	

18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Pulmonary Congestion</u>	<u>1 day</u>
Antecedent cause(s) (b) <u>Congestive Heart Failure</u>	
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) <u>(art. C.V. D.)</u>	

II. OTHER SIGNIFICANT CONDITIONS:	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)
	INJURY
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work Not while at work
	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from <u>2/13/48</u> to <u>4/22 1955</u> , that I last saw the deceased alive on <u>4/22</u> , 19 <u>55</u> , and that death occurred at <u>10:45 P.m.</u> , from the causes and on the date stated above.			
SIGNATURE <u>Thomas J. Lushy M.D.</u>		DATE SIGNED <u>4/25/55</u>	
ADDRESS <u>Oakland Md.</u>			
23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>BURIAL</u>	<u>APRIL-25-1955</u>	<u>ACCIDENT CEMETERY</u>	<u>ACCIDENT MD.</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>April 24/55</u>	<u>John L. Brown</u>	<u>Emory Bolden</u>	<u>OAKLAND</u>

MARGIN RESERVED FOR BINING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU OF

NO 1955

FILED

3701

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Garrett</u>	MARYLAND	STATE <u>West Virginia</u>	COUNTY <u>Tucker</u>
CITY (If outside corporate limits, write RURAL and give nearest town) <u>X</u> TOWN <u>Mt. Lake Park</u>	LENGTH OF STAY (in this place) <u>2 weeks</u>	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Hambleton</u>	<u>85 X 3</u>
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Home of Mrs. Verda Helmick</u>		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First) <u>Jennie</u>	(Middle) <u>Ressie</u>	(Last) <u>Mullenax</u>	(Month) <u>April</u> (Day) <u>1</u> (Year) <u>19 55</u>
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH: <u>Oct. 8, 1877</u>
9. AGE last birthday: <u>77</u> yrs.		10. BIRTHPLACE (State or foreign country): <u>West Virginia</u>	
11. USUAL OCCUPATION Give kind of work done during most of working life, even if retired <u>House Wife</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>Martin Luther Knotts</u>		14. MOTHER'S MAIDEN NAME: <u>Margaret Sell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY No.: <u>-----</u>	
17. INFORMANT & ADDRESS: <u>Mrs. Verda Helmick Mt. Lake Park, Md.</u>			

18. MEDICAL CERTIFICATION		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Myocardial Heart Disease</u> Antecedent causes (s) (b) <u>Arteriosclerosis</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c)		<u>3 years</u>

11. OTHER SIGNIFICANT CONDITIONS		12. AUTOPSY ?	
Conditions contributing to the death but not related to the disease or condition causing death.		Yes <input type="checkbox"/> No <input type="checkbox"/>	
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT (Specify) <u>SUICIDE</u>		20. PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>m.</u>		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	
HOW DID INJURY OCCUR ?			

22. I hereby certify that I attended the deceased from <u>Apr. 1, 1955</u> , to <u>Apr. 1, 1955</u> , that I last saw the deceased alive on <u>Apr. 1, 1955</u> , and that death occurred at <u>6:30 P.M.</u> , from the causes and on the date stated above.			
SIGNATURE <u>J. E. Mance</u>		DATE SIGNED <u>2 Apr 55</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		NAME OF CEMETERY OR CREMATORY <u>Close Mt. Cemetery</u>	
DATE REC'D BY LOCAL REGISTRAR <u>4/4/1955</u>		LOCATION (City, town, or county) (State) <u>Hambleton, W. Va.</u>	
REGISTRAR'S SIGNATURE <u>Julia C. Mance</u>		24. FUNERAL DIRECTOR <u>Robert C. Leighton</u>	
		ADDRESS <u>Oakland, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BUREAU V. S.

APR

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

37-2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

036906

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

Item 14 File 181 5-6-55 et

## 1. PLACE OF DEATH:

COUNTY Garrett

MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town)

X TOWN Mt. Lake Park

LENGTH OF STAY (in this place)  
2 weeks

HOSPITAL OR INSTITUTION OR STREET ADDRESS

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md.

COUNTY Garrett

CITY (If outside corporate limits, write RURAL and give nearest town)  
TOWN Mt. Lane Park, Md. X

STREET ADDRESS

(If rural, give location)

## 3. NAME OF DECEASED:

(First)

(Middle)

(Last)

(Type or Print)

James

Reed

## 4. DATE OF DEATH:

(Month)

(Day)

(Year)

April 7

19 55

## 5. SEX:

Male

## 6. COLOR OR RACE:

White

## 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

Married

## 8. DATE OF BIRTH:

Mar. 7, 1900

## 9. AGE last birthday:

5

yrs.

IF UNDER 1 YEAR IF UNDER 24 HRS.

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

Woodman

## 10b. KIND OF BUSINESS OR INDUSTRY:

## 11. BIRTHPLACE (State or foreign country):

Uniontown, Pa.

## 12. CITIZEN OF WHAT COUNTRY?

U. S. A.

## 13. FATHER'S NAME:

William Reed

## 14. MOTHER'S MAIDEN NAME:

Unknown

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

## 16. SOCIAL SECURITY No.:

None

## 17. INFORMANT &amp; ADDRESS:

Walter Reed, Oakland, Md.

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

450.0

Immediate cause

(a)

DUE TO

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

## II. OTHER SIGNIFICANT CONDITIONS:

Conditions contributing to the death but not related to the disease or condition causing death.

Hypertension

## 19a. DATE OF OPERATION:

## 19b. MAJOR FINDINGS OF OPERATION:

## 20. AUTOPSY?

Yes ☐ No ☐

## 21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/7/55, 1955, to 4/7/55, 1955, that I last saw the deceased alive on 3/14/55, 1955, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE

(DEGREE OR TITLE) ADDRESS

DATE SIGNED

## 23. BURIAL, CREMATION REMOVAL (Specify):

DATE THEREOF

NAME OF CEMETERY OR CRIMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

3/7/55 Julia A. Rowan L.R. Emory Bolden Oakland, Md.

BUREAU V. S.

Apr 1975

RECEIVED

3723

## CERTIFICATE OF DEATH

Reg. Dist. No.....

## I. PLACE OF DEATH:

COUNTY GARRETT MARYLAND  
 CITY (If outside corporate limits, write RURAL and give nearest town) RURAL OAKLAND  
 OR TOWN RURAL OAKLAND LENGTH OF STAY (in this place)  
 HOSPITAL OR INSTITUTION OR STREET ADDRESS

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD COUNTY GARRETT  
 CITY (If outside corporate limits, write RURAL and give nearest town) RURAL OAKLAND M.D. X  
 OR TOWN RURAL OAKLAND STREET ADDRESS (If rural, give location) 1

## 3. NAME OF DECEASED:

(First)

(Middle)

(Last)

RUSSELL PAUL ROTH.

## 4. DATE OF DEATH:

(Month)

(Day)

(Year)

APRIL-21 1955

## 5. SEX:

## 6. COLOR OR RACE:

## 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

## 8. DATE OF BIRTH:

## 9. AGE last birthday:

IF UNDER 1 YEAR

IF UNDER 24 HRS.

MALE WHITEMARRIED MARCH-29-189857 yrs.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

## 10b. KIND OF BUSINESS OR INDUSTRY:

## 11. BIRTHPLACE (State or foreign country):

## 12. CITIZEN OF WHAT COUNTRY?

FARMERGARRETT Co.U.S.

## 13. FATHER'S NAME:

## 14. MOTHER'S MAIDEN NAME:

DAVID O. ROTH.MARGARET WEBER

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

## 16. SOCIAL SECURITY No.:

## 17. INFORMANT &amp; ADDRESS:

NO.215-20-6844 MRS. BERNICE ROTH. OAKLAND MD. RT-2

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1  
Immediate cause(a) Acute Myocardial Infarction (Probable)

## INTERVAL BETWEEN ONSET AND DEATH

Instant

## Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Hypertension

DUE TO

10 yrs(c) Myocardial Infarction 4-4-52

## II. OTHER SIGNIFICANT CONDITIONS:

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION:

## 19b. MAJOR FINDINGS OF OPERATION:

## 20. AUTOPSY?

Yes ☐ No ☒

## 21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-4-55, 1955, to 4-10-55, 1955, that I last saw the deceased alive on 4-10-55, 1955 and that death occurred at 7 P.M., from the causes and on the date stated above.

## SIGNATURE

(DEGREE OR TITLE) ADDRESS

DATE SIGNED

John H. Jentzsch, M.D. 58 2nd St. Oakland, Md4-23-55

## 23. BURIAL, CREMATION REMOVAL (Specify):

## DATE THEREOF

## NAME OF CEMETERY OR CREMATORY

## LOCATION (City, town, or county)

(State)

BURIALAPRIL-24-1955RED HOUSE CEMETERY NEAR OAKLANDMD.

## DATE REC'D BY LOCAL REG.

## REGISTRAR'S SIGNATURE

## 24. FUNERAL DIRECTOR

ADDRESS

4/24/55Elmer C. ShafferEmory Bolden OAKLAND, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

APR

RECEIVED

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 04691  
166

1. PLACE OF DEATH- COUNTY GARRETT MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE MARYLAND COUNTY GARRETT	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN OAKLAND		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN VINDEX	
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSP.		STREET ADDRESS (If rural, give location) /	
3. NAME OF DECEASED (Type or Print)	(First) LINDA	(Middle) MARIE	(Last) TASKER
4. DATE OF DEATH	(Month) APRIL	(Day) 25,	(Year) 19 55
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	8. DATE OF BIRTH 4/4/55
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday 0 yrs. Months Days 21
11. BIRTHPLACE (State or foreign country) OAKLAND, MARYLAND		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME ELSIE MARIE TASKER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY No. NONE	
17. INFORMANT AND ADDRESS MISS ELSIE TASKER, VINDEX, MARYLAND			

### 18. MEDICAL CERTIFICATION

#### I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

1) Meningocele 2) Spina Bifida Congenital

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

3) Club Feet

#### II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

#### 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

20. AUTOPSY?

Yes ☐ No ☒

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/4, 1955, to 4/25, 1955, that I last saw the deceased

alive on 4/24/55, 1955, and that death occurred at 2:10 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REBURY (Specify)

DATE WHEREOF Apr. 26, 1955

NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery

LOCATION (City, town, or county) (State) Mt. Zion, Garrett Co., Md

DATE RECD BY LOCAL REG. 4/26/55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Julius A. Rowan RR

Otha F. Sharpless, Blaine, W. VA.

2045221395

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

JUN 8 1955

RECEIVED



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

03692

## 1. PLACE OF DEATH

3705

County Garrette

Registration Dist. No.

X Village or City Friendsville

Rural

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

ds

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME Clarence R UmbelX (a) Residence: No. X Friendsville Rural

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED,

OR DIVORCED (write the word)

Married5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofWmulla Thomas

## 6. DATE OF BIRTH (month, day, and year)

## 7. AGE

Years

Months

Days

If LESS than

578161 day,.....hrs.  
or.....min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.Farmer9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.Own farm10. Date deceased last worked at  
this occupation (month and  
year)195411. Total time (years)  
spent in this  
occupation 5712. BIRTHPLACE (city or town) Friendsville Rural  
(State or country) Garrette Co Md

## MOTHER FATHER

13. NAME Amos M Umbel,Maryland14. BIRTHPLACE (city or town) XXXXXXXXXXXX(State or country) Garrette Co Md15. MAIDEN NAME Mary K Savage,16. BIRTHPLACE (city or town) Friendsville Rural(State or country) Garrette Md

## 17. INFORMANT

(Address) Friendsville

## 18. BURIAL, CREMATION, OR REMOVAL

Place Sandsprings Cem Date 4/15/55

## 19. UNDERTAKER

(Address) Brandonville W. Va

## 20. FILED

April 14, 1955 Ruth FranzBy, it, Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

April

(Month)

12

(Day)

1955

(Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

April 11, 1955, to19I last saw him alive on April 11, 1955; death is saidto have occurred on the date stated above, at 7 A. M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Pneumonia - Chronic  
Bronchitis - Chronic  
Congestive Heart Failure  
Hypertension

Date of onset

52.6.1

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury

Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

## 24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) Harold K. Hannon M.D. M. D.(Address) R.D. Maskelysburg, Pa.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel, etc.* For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
-------------------	--------------------

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
------------------------	---------------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN